Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I						SMALL ENTITY					OTHER THAN		
·			(Column 1)		(Column 2)			TYPE		OR		L ENTITY	
TOTAL CLAIMS								RATE	FEE	]	RATE	F	ĒΕ
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710	0.00
TOTAL CHARGEABLE CLAIMS			Minus 20=		. 8			X\$ 9=		OR	X\$18=	)	
INDEPENDENT CLAIMS			minus 3 =					X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=		
* If the difference in column 1 is less that				ero, enter	"0" in o	column 2	ŧ	TOTAL	311	OR	TOTAL		
	C	LAIMS AS A	MENDED	- PΔR	T II			- 1374		] •	ı	OTHER THAN	
		(Column 1)		(Colur	nn 2)	(Column 3)	SMALL	ENTITY	OR	SMALL ENTITY			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIO	DI- NAL EE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	* NTATION OF MU	Minus	***	CL AINA	=		X40=		OR	X80=		
	FIRST PRESE	NTATION OF MI	JUIPLE DEF	PENDENI	CLAIM			+135=		OR	+270=		
							L	TOTAL			TOTAL	-	
		<b>(0.1</b>			_,		P	ADDIT. FEE		OR	ADDIT. FEE		
_		(Column 1) CLAIMS		(Colur		(Column 3)				) I			
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	AD TIOI FE	NAL
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X40=		OR	X80=		
L_	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM			+135=		OR	+270=		
								TOTAL			TOTAL		
		А	DDIT. FEE			ADDIT. FEE							
		(Column 1) CLAIMS		(Colur HIGH		(Column 3)		<u></u>		1			
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	AD TIOI FE	NAL
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	<del>-</del>	
	Independent	* '	Minus	***		=		X40=			X80=		
Ĺ	FIRST PRESE	NTATION OF MU	JLTIPLE DEPENDENT		CLAIM	CLAIM		7.13-		OR	7.00=		
• 1	f the entry in colu	L	+135=		OR	+270=							
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
		ber Previously Pai					r four	nd in the ann	ropriate hox	in col	umn 1		